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Bib Data Sheet

CONFIRMATION NO. 3842

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|------------------------------------|---|---------------------|-------------------------------|---|
| SERIAL NUMBER 10/736,266 | FILING OR 371(c) DATE 12/15/2003 RULE | CLASS 128 | GROUP ART UNIT 3743 | ATTORNEY DOCKET NO. CHM-009 |
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APPLICANTS

Michael John Rutter, Cincinnati, OH;

**** CONTINUING DATA ******* *APU*
 This appln claims benefit of 60/433,735 12/16/2002

**** FOREIGN APPLICATIONS ******* *none APU*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 03/23/2004

**** SMALL ENTITY ****

| | | | | |
|---|-----------------------------------|--------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY OH | SHEETS DRAWING 6 | TOTAL CLAIMS 25 | INDEPENDENT CLAIMS 2 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged <i>[Signature]</i> Examiner's Signature | <i>APU</i> Initials | | | |

ADDRESS

38155

TITLE

Tracheotomy valve unit

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| FILING FEE RECEIVED 430 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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